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APPLICANTS

Gary P. Raden, Seattle, WA;
 Eduardo da Fonseca Melo, Bellevue, WA;
 Tolga Bayram Ekmekci, Bellevue, WA;
 Thomas M. Soemo, Bothell, WA;
 Lisa M. Butler, Seattle, WA;
 Richard J. Moerloos JR., Seattle, WA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	46	41	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

47973

TITLE

SYSTEMS AND METHODS FOR STATE MANAGEMENT OF NETWORKED SYSTEMS

FILING FEE RECEIVED 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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